

**TRANSCRIPT ORDER**

**DUE DATE:**

1. NAME				2. PHONE NUMBER		3. DATE	
4. FIRM NAME							
5. MAILING ADDRESS				6. CITY		7. STATE	
						8. ZIP CODE	
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS			
				11.		12.	
13. CASE NAME				LOCATION OF PROCEEDINGS			
				14.		15. STATE	
16. ORDER FOR							
APPEAL		CRIMINAL		CRIMINAL JUSTICE ACT		BANKRUPTCY	
NON-APPEAL		CIVIL		IN FORMA PAUPERIS		OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
VOIR DIRE				TESTIMONY (Specify)			
OPENING STATEMENT (Plaintiff)							
OPENING STATEMENT (Defendant)							
CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING			
CLOSING ARGUMENT (Defendant)							
OPINION OF COURT							
JURY INSTRUCTIONS				OTHER (Specify)			
SENTENCING							
BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS				PAPER COPY			
14 DAYS							
7 DAYS(expedited)							
3 DAYS				PDF (e-mail)			
DAILY							
HOURLY							
REALTIME				ASCII (e-mail)			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS			
19. SIGNATURE <i>Sarah S. Letzke</i>				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.			
20. DATE							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED	DATE	BY		PROCESSED BY		PHONE NUMBER	
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			

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ORDER RECEIPT

ORDER COPY